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Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 46849
Application ID: 09709035
Title of Invention: SYSTEMS AND METHODS FOR
TISSUE ABLATION AND
RESECTION
First Named Inventor: Jean Woloszko
Domestic/Foreign Application: Domestic Application
Filing Date: 2000-11-08
Effective Receipt Date: 2003-08-29
Submission Type: Information Disclosure
Statement
Filing Type:
Confirmation number: 2565
Attorney Docket Number: A14
Total Fees Authorized: 180.0
Payment Category: Deposit Account
Deposit Account Number: 500359
Deposit Account Name: Richard R Batt
Access Code: ****
RAM Payment Status: RAM success
RAM User ID: EFSPROD
RAM Accounting Date: 2003-08-29
RAM Sequence Number: 7

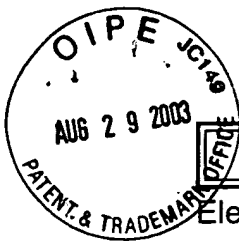


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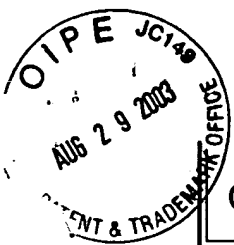
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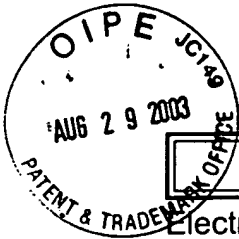
Electronic Version v1.1
Stylesheet Version v1.1.0

Title of Invention	SYSTEMS AND METHODS FOR TISSUE ABLATION AND RESECTION																		
<table><tr><td>Application Number:</td><td>09/709035</td><td></td><td rowspan="4">RECEIVED SEP 05 2003 TECHNOLOGY CENTER R3700</td></tr><tr><td>Date:</td><td>2000-11-08</td><td></td></tr><tr><td>First Named Applicant:</td><td>Jean Woloszko</td><td></td></tr><tr><td>Confirmation Number:</td><td>2565</td><td></td></tr><tr><td>Attorney Docket Number:</td><td>A14</td><td></td><td></td></tr></table>			Application Number:	09/709035		RECEIVED SEP 05 2003 TECHNOLOGY CENTER R3700	Date:	2000-11-08		First Named Applicant:	Jean Woloszko		Confirmation Number:	2565		Attorney Docket Number:	A14		
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<table border="1"><thead><tr><th>Submitted by:</th><th>Elec. Sign.</th><th>Sign. Capacity</th></tr></thead><tbody><tr><td>Richard R Batt Registered Number: 43485</td><td>RRB</td><td>Attorney</td></tr></tbody></table>				Submitted by:	Elec. Sign.	Sign. Capacity	Richard R Batt Registered Number: 43485	RRB	Attorney										
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Stylesheet Version v08.0

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Art Unit: 3739											
Examiner: Lee S Cohen											
TOTAL FEE AUTHORIZED \$180											
Patent fees are subject to annual revisions on or about October 1st of each year.											
BASIC FILING FEE											
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Submission Of Information Disclosure Stmt Fee</td><td>1806</td><td>180</td><td>180</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Submission Of Information Disclosure Stmt Fee	1806	180	180
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Submission Of Information Disclosure Stmt Fee	1806	180	180								
AUTHORIZED BILLING INFORMATION											
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:											
Deposit account number: 500359											
Access Code ****											
Deposit name: ArthroCare Corporation											
Deposit authorized name: Richard R Batt											
Signature: RRB											
Date (YYYYMMDD): 2003-08-29											